

Health Select Committee Inquiry on NHS legislative proposals

A statement from the Academy of Medical Royal Colleges

April 2019

Introduction

1. The Academy of Medical Royal Colleges is the umbrella body for all the medical royal colleges and faculties in the UK. We speak on standards of care and medical education across the UK. By bringing together the expertise of medical royal colleges it drives improvement in health and patient care through education, training and quality standards.
2. The Academy welcomes the opportunity to provide a summary of its views to the inquiry. We will also be responding formally to the NHS England consultation.
3. The Academy was critical of many of the proposals in the 2012 Health and Care Social Act which we felt would lead to fragmentation of care in the NHS and make it more difficult to provide co-ordinated and collaborative healthcare. We believe that has proved to be the case and the proposals to repeal elements of the Act which promote competition over collaboration are therefore very welcome.
4. We do however recognise, as has the Select Committee, that the NHS does not want a further major reorganisation. A set of proposals which make selective changes to legislation making collaboration rather than competition the logical, easy and default position represent a sensible and pragmatic approach which we hope would command widespread support in Parliament.
5. It is, however, important to be clear that changes to legislation alone will not in themselves ensure a coordinated and collaborative health system or change behaviours. There will also have to be changes in culture and behaviours among organisations, boards and clinicians.

Promoting collaboration

6. The Academy supports the three proposals including removal of the role of the Competition and Markets Authority.

Getting better value for the NHS

7. The Academy argued strongly against Section 75 of the Health and Social Care Act when it was introduced and welcomes the proposal to repeal it.
8. We recognise, however, there must be some mechanism to ensure best value in the use of public money. With commissioning functions working in a more integrated fashion with providers in an ICS this may be potentially challenging. Careful thought will need to be given to developing what will need to be mechanisms which can be sufficiently independent and robust when required but not unnecessarily burdensome and disruptive.

Integrating care provision

9. This would seem a sensible provision although we would not wish to see a plethora of mergers for sake of them.

Managing the NHS's resources better

10. We recognise that these proposals are potentially more contentious. By definition the power to direct a merger would only be needed if an organisation is not willing to be involved in a merger. It will be important to define the circumstances when these powers can and cannot be used and what the circumstances would trigger the use of the powers.

11. Similarly it would be important to have clear guidelines as to when NHSI could set capital spending limits for Foundation Trusts.

Every part of the NHS working together

12. We strongly support these proposals.

13. We strongly argued that the requirement that the designated nurse and secondary care doctor on a CCG could not come from the local provider was unnecessary. Removing this requirement is therefore welcome and sensible. We do accept that it would not be appropriate for the Medical or Nurse Director to be the representatives on the CCG.

Shared responsibility for the NHS and Planning our services together

14. We support these proposals. We also endorse the proposals submitted to the Committee jointly by the Faculty of Sexual and Reproductive Health, Royal College of Obstetricians and Gynaecologists and Royal College of General Practitioners calling for integrated holistic commissioning of sexual and reproductive healthcare with one body maintaining oversight and holding accountability for all commissioning decisions.

Joined up national leadership

15. The Academy of Medical Royal Colleges believes that close working between NHSE and NHSI is essential. There may well be benefits in a full merger but, if this would be disruptive and distracting, it may not be worth pursuing at the current time. As with all collaboration what is important are the behaviours and attitudes as much as legislation or structures.

16. Clarity and coherence across national bodies is essential, particularly in respect of the workforce, and has not always happened in recent years. Whilst there may be good reasons for transfer of responsibilities between ALBs, we have concerns that this should be simply at the discretion of the Secretary of State. Proposals for anything more than very minor changes should be subject to consultation and scrutiny. The Academy strongly believes, for example, that the funding for medical education should remain "ring-fenced" within HEE and not simply absorbed in the NHSE funds where it could easily disappear into general service funding. It should not be simply within the power of the Secretary of State to move this function.

Conclusion

17. The Academy of Medical Royal Colleges welcomes these proposals and will be happy to argue publicly that they should be supported in Parliament.